

DEC 29 2004

Nixon Peabody LLP
Attorneys at Law

100 Summer Street
 Boston, Massachusetts 02110-2131
 (617) 345-1000
 Fax: (617) 345-1300

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002

DEC 29 2004**Practitioner's Docket No. 700157-48012-RCE****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: David E. Fisher

Application No.: 09/229,283 Group No.: 1642
Filed: 01/13/99 Examiner: UNGAR, Susan
For: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR
TREATMENT OF MELANOMA

Commissioner for Patents

**P.O. Box 1450
Alexandria, VA 22313-1450**

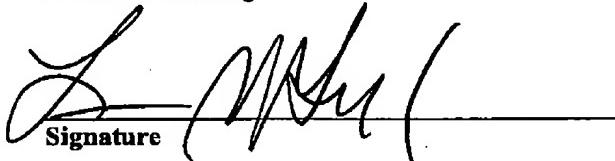
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1. Certification of Facsimile Transmission (1 pg.);
2. Transmittal Form (1 pg.);
3. Petition for Extension of Time in duplicate (2 pp.);
4. Fee Transmittal (1 pg.); and
5. Supplemental Amendment (5 pp.).

Linda M. Ginsberg

December 29, 2004
Date


Signature

Certification of Facsimile Transmission--page 1 of 1

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|------------------|
| Application Number | 09/229,283 |
| Filing Date | January 13, 1999 |
| First Named Inventor | David E. Fisher |
| Art Unit | 1642 |
| Examiner Name | UNGAR, Susan |
| Attorney Docket Number | 700157-48012-RCE |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certification of Facsimile Transmission |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|---------------|
| Firm Name | Nixon Peabody LLP, 100 Summer Street, Boston, MA 02110 | | |
| Signature | | | |
| Printed name | Ronald I. Eisenstein/Nicole L.M. Valtz | | |
| Date | Dec. 29, 2004 | Reg. No. | 30,628/47,150 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Linda M. Ginsberg

Date

12/29/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

Complete If Known

| | |
|----------------------|------------------|
| Application Number | 09/229,283 |
| Filing Date | January 13, 1999 |
| First Named Inventor | David E. Fisher |
| Examiner Name | UNGAR, Susan |
| Art Unit | 1642 |
| Attorney Docket No. | 700157-48012-RCE |

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

| | | |
|---|-----|-----|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | | | |
|---|--------------|----------|---------------|---------------------------|----------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
| - 20 or HP = | x | = | | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| - 3 or HP = | x | = | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(b).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | / 50 = | (round up to a whole number) x | 125.00 | = 0.00 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One month extension of time 60.00

SUBMITTED BY

| | | | |
|-------------------|--|--|------------------------|
| Signature | M. Valtz | Registration No. 30,628/47,150 (Attorney/Agent) | Telephone 617-345-6054 |
| Name (Print/Type) | Ronald I. Eisenstein/Nicole L.M. Valtz | | Date December 29, 2004 |

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DEC 29 2004

Attorney Docket No.: 700157-48012

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: David E. Fisher

EXAMINER: S. Ungar

SERIAL NO.: 09/ 229,283

GROUP: 1642

FILED: January 13, 1999

**FOR: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR
TREATMENT OF MELANOMA**

CERTIFICATE OF FACSIMILE (37 C.F.R. SECTION 1.8(a))

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Linda M. Ginsberg
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Signature of person mailing paper

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Communication dated November 18, 2004, Applicants previously filed by facsimile an Amendment, including a corrected Listing of Claims, on November 23, 2004. During the telephone interview with Examiner Ungar on December 21, 2004, applicants learned that the November 23, 2004 Amendment had not been received. Applicants have not been able to locate proof that the Amendment was filed by facsimile on November 23, 2004. Accordingly, in response to the November 18, 2004 communication, applicants are submitting herewith a Petition for One Month Extension of Time and fee. Please amend the application as follows, including the corrected Listing of Claims:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.

BOS1430939.1

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